

**Application Data Sheet****Application Information**

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit::

Sequence submission?::

Computer Readable Form  
(CRF)?::

Title:: BUSBAR ARRANGEMENT FOR COUPLING  
WAVEGUIDE FILTERS IN OUTPUT  
MULTIPLEXERS

Attorney Docket Number:: F-8706

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 3

Small Entity:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Franz-Josef

Middle Name::

Family Name:: GOERTZ

City of Residence:: Stuttgart

State or Province of  
Residence::

Country of Residence:: Germany

Street of Mailing Address:: Finkenstr. 7/1

City of Mailing Address:: Stuttgart

State or Province of Mailing  
Address::

Country of Mailing Address:: Germany

Postal or Zip Code of  
Mailing Address:: 70191

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Dieter

Middle Name::

Family Name:: WOLK

City of Residence:: Winterbach

State or Province of  
Residence::

Country of Residence:: Germany

Street of Mailing Address:: Haegerstr. 21

City of Mailing Address:: Winterbach

State or Province of Mailing  
Address::

Country of Mailing Address:: Germany

Postal or Zip Code of  
Mailing Address:: 73650

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Netherlands

Status:: Full Capacity

Given Name:: Dietmar

Middle Name::

Family Name:: SCHMITT

City of Residence:: JD Voorschoten

State or Province of  
Residence::

Country of Residence:: Netherlands

Street of Mailing Address:: Leidseweg 939 a

City of Mailing Address:: JD Voorschoten

State or Province of Mailing  
Address::

Country of Mailing Address:: Netherlands

Postal or Zip Code of  
Mailing Address:: NL-2253

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Juergen  
Middle Name::  
Family Name:: DAMASCHKE  
  
City of Residence:: Heilbronn  
State or Province of  
Residence::  
Country of Residence:: Germany  
Street of Mailing Address:: Koperinkusweg  
  
City of Mailing Address:: Heilbronn  
State or Province of Mailing  
Address::  
Country of Mailing Address:: Germany  
Postal or Zip Code of  
Mailing Address:: 74080

**Correspondence Information**

Correspondence Customer  
Number:: 000028107

**Representative Information**

Representative Designation::	Registration number::	Name::
Primary	20,456	Frank J. Jordan

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/DE2004/000 307	02/19/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
Germany	103 07 111.3	02/19/03	Yes